

<b>AUTHORIZATION EFFECTIVE</b> <i>(Maximum One Year)</i>	FROM	TO
---	------	----

*Completion of this form does not constitute prior approval to use a privately owned/rented/leased aircraft. Supervisors must evaluate the use of aircraft and **MAY** authorize use whenever it is the most economical means available or is otherwise in the best interests of the State.*

**I. EMPLOYEE / PILOT CERTIFICATION**

I hereby certify that:

- 1. I have a valid Federal Aviation Agency (FAA) pilot's license which will be in my possession whenever I fly a privately-owned/rented/leased aircraft on State business; that all persons in the aircraft will wear safety belts and that the aircraft shall always be equipped with safety belts and required safety equipment.
- 2. In every case, the aircraft is in accordance with applicable FAA regulations and properly equipped for the type of flying to be performed.
- 3. To the best of my knowledge, the aircraft is in safe mechanical condition, as required by law.
- 4. Passengers will only be carried under conditions stated in Title 2, California Code of Regulations, Section 559.628 of the Department of Personnel Administration Rules.
- 5. If passengers are carried, passenger liability insurance will be in effect.
- 6. There is a current insurance policy with liability limits of at least: (a) bodily injury liability of \$100,000 for each person and \$500,000 for each occurrence, property damage liability of \$100,000 for each occurrence or \$500,000 combined single limit; and (b) passenger bodily injury liability of \$100,000 for each person, if passengers are carried. Said policy is available for review and audit for at least two years from the date shown above. The insurance company has named the State of California as an **additional insured** on the insurance policy.

***I have read Section 599.628 of the Department of Personnel Administration Rules and the State Administrative Manual Sections governing the use of privately-owned/rented/leased aircraft on State business and agree to comply therewith.***

EMPLOYEE'S SIGNATURE	EMPLOYEE'S NAME PRINTED	
LICENSE TYPE HELD	LICENSE NUMBER	DATE SIGNED

**II. SUPERVISOR'S AUTHORIZATION AND VERIFICATION OF INSURANCE REQUIREMENTS**

SUPERVISOR'S SIGNATURE	TITLE	DATE SIGNED
------------------------	-------	-------------